#### Extended to May 15, 2023

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A I</u>	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ل ending	<u>UN 30, 2022</u>		
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
c		Core knowledge Charter School				
	Address change	Foundation				
	Name change	Doing business as		84-13543	44	
	Initial return		Room/suite	E Telephone numbe	r	
	Final return/	1725 Sharp Point Dr		970-672-	5823	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	246,945.	
	Amende return	FOIL COTTINS, CO 80323		H(a) Is this a group re	eturn	
	Applica tion	F Name and address of principal officer: Peter Kast		for subordinates	? Yes X No	
	pending	same as C above		H(b) Are all subordinates in	ncluded? Yes No	
<u>1</u>	Tax-exe	mpt status: X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions	
		e: ▶ N/A		H(c) Group exemption	n number	
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1996	M State of legal domicile: CO	
		Summary				
	1 8	Briefly describe the organization's mission or most significant activities: Advar	nce op	portunities	for	
Governance	:	innovation by supporting Colorado charter	schoo	ols.		
'n	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	n 25% of its net as	sets.	
Ş.	3 1			3	4	
		Number of independent voting members of the governing body (Part VI, line 1b)		4	4	
ø Ø	5	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			0	
iţi	6 7	otal number of volunteers (estimate if necessary)			25	
Activities &	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12			0.	
ď	bı		~	7b	0.	
				Prior Year	Current Year	
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		407,425.	246,837.	
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.	
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,295.	108.	
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 c, and 1		12,948.	0.	
	1	otal revenue - add lines 8 through 11 (must equal Part 1 column A), line 12)		422,668.	246,945.	
		Grants and similar amounts paid (Part IX, column (A), lines 1		2,000.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
"	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ben	b 7	otal fundraising expenses (Part IX, column (D), line 25)	^			
ŭ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,390.	278,628.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,390.	278,628.	
	1	Revenue less expenses. Subtract line 18 from line 12		399,278.	-31,683.	
- JC			Be	ginning of Current Year	End of Year	
Assets or	20	otal assets (Part X, line 16)		637,002.	605,319.	
ASS	21	otal liabilities (Part X, line 26)		0.	0.	
Net	-	Net assets or fund balances. Subtract line 21 from line 20		637,002.	605,319.	
	art II	Signature Block		<u>,                                      </u>	•	
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is	
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			,	
Sig	n	Signature of officer		Date		
Her		Peter Kast, President				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN	
Paid		Phomas G. Sistare		if self-employ		
		Firm's name Hoelting & Company, Inc.			30-0514455	
	· -	Firm's address 31 East Platte Avenue, Suite 300		I IIII O LIIV		
	,	Colorado Springs, CO 80903		Phone no. (7	19) 630-1091	
May	v the IR	S discuss this return with the preparer shown above? See instructions		Ti nono no. ( )	X Yes No	
iiiu	,	= ====================================			140	

Га	Statement of Frogram Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission:  Advance opportunities for innovation by supporting Colorado cha	
	schools.	rcer
	schools.	
	Did the constitution and state on the Wanter Constitution of the C	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _A_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
4-	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 278,173. including grants of \$) (Revenue \$)  Provide Support for Core Knowledge Charter School.	)
	Provide Support for Core knowledge Charter School.	
4b	(Code:) (Expenses \$ including grass of \$) (Revenue \$	)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$	)
<b>1</b> 4	Other program conject (Describe on Schedule O.)	
4d	,	1
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 278, 173.	
4e	Total program service expenses ► 278,173.	Form <b>990</b> (2021)
		1 01111 -00 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or ebt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted end ments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complet Sche ule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pa X line 10? "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, n 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		X
С	Did the organization report an amount for investments - program rela ed in P t line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11c		X
d	Did the organization report an amount for other assets in Part X 15, th is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in P t X, line 2 ? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial stateme s f the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payab o any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35			
	controlled entity or family member of any of these persons? If "Yes," complete Sched e L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former offi r dir ctor, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection comme member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these person ? If "Yes, " c mplete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following artie ( the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or f und or su stantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," comp Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organi ns des ibed in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash ntributio ? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasu o other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
	1.000.00	Гои:	gan	(0004)

Form 990 (2021) **Part V** Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	J , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<b>C</b> -		x
<b>h</b>	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and rvices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services produced?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop y for hich it was required	1.0		
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums o a per benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pe onal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual prope y, d the o anization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, o other eh s, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a nor advised fund maintained by the			
	sponsoring organization have excess business holdings at any ti during e year?	8		
9	Sponsoring organizations maintaining donor advised fund .			
а	Did the sponsoring organization make any taxable distributi under s tion 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, door dvisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	1 7			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021) Foundation 84-1354344 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					
		1 . 1	<b>4</b> [		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		ا،			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	[	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?		[	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	opoint one or				
	more members of the governing body?		[	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the		¨ [			
а	The governing body?	,		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can not be rea		···			
	organization's mailing address? If "Yes," provide the names and addresses on edule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not requal by honternal Re	evenue Code )	,			
	(This decitor b requests information about politics not required a by it information	overiue Gode./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		X
	If "Yes," did the organization have written policies and procedures gerning the ctivities of such ch		``			
-				10b		
11a	Has the organization provided a complete copy of this Form 990 II mem ers of its governing bod		г	11a		Х
	Describe on Schedule O the process, if any, used by the orgalization to review this Form 990.	y boloro illing the form.	l			
	Did the organization have a written conflict of interest policy f "No," g to line 13		- 1	12a	Х	
	Were officers, directors, or trustees, and key employees required to discl an ually interests that could give rise			12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		···	120		
·	on Schedule O how this was done	,		12c		х
13			·· [	13	Х	
14			Γ	14	X	
		al by independent	··· ⊦	14	21	
15	Did the process for determining compensation of the following persons include a review and approve					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	15.		Х
	The organization's CEO, Executive Director, or top management official			15a		X
a	Other officers or key employees of the organization		··	15b		Δ
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont with -				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization to evaluation follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows as well as the procedure requiring the organization follows as well as the procedure requirement of the proce					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None		. (2)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-1 (section 501(c)	)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	· ,	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨 _				
	The Organization - 970-672-5823					
	1725 Sharp Point Dr, Fort Collins, CO 80525					

#### Foundation

84-1354344

Page 7

#### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

V Observation of the state of t

	organization compensated any current officer, director, or trustee.								<b>-</b>	
(A)	(B)			_ ((	C)	_		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	<b>ገ</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess person is both an nd a director/trustee)			n an	compensation	compensation	amount of
	week	-			l	T	100)	fro	from related	other
	(list any hours for	irecto						e e	organizations	compensation
	related	ord	ee			sated		or aniz n (W 2/1099-MI /	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	trus		ee	neu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	١.	nploy	yee or	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Peter Kast	0.50									
President		Х		Х				0.	0.	0.
(2) Maureen Schaffer	0.50									
Secretary		Х		Х				0.	0.	0.
(3) Randy Everett	0.50									
Director	0.50	Х						0.	0.	0.
(4) Lauren Van Maren Director	0.50	X					P .	0.	0.	0.
Director						H		0.	0.	0.
						1				
				Ť						
		1								
						_				
		-								
						$\vdash$				
		1								
		1								
						_				
		-								
						$\vdash$				
		1								
						+				
		1								

Part VII   Section A. Officers, Directors, Trus		рюу	ees,			gnes	st C			Т	/F\	
(A)	(B) Average		<b>(C)</b> Position					(D)	(E)		(F)	مما
Name and title	hours per		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	,	Estimate amount	
	week	offi				or/trus		from	from related		other	
	(list any	rector						the	organizations		compensa	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS( 1099-NEC)	3/	from the	
	organizations	truste	al trus		yee	om pen		1099-NEC)	1033 1420)		and relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
	line)	lpul	lust	J#0	Key	훈	윤			_		
		1										
										+		
						<u> </u>						
		1										
										+		
		1										
						_						
		-										
						$\vdash$				+		
		1										
								<b>V</b> /				
				L,						_		
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V					•			0.		0.		0.
d Total (add lines 1b and 1c)				d ab		 e) wh	no re			<u> </u>		
compensation from the organization				o un		,	.0 .0	, solved more than \$100,	occ or reportable			0
					7						Yes	No
3 Did the organization list any <b>former</b> officer			кеу є	empl	oye	e, or	r hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or											-	
rendered to the organization? If "Yes." con					•			•			5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensatio	n from	
the organization. Report compensation for (A)	tne calendar ye	ear e	endir	ng w	ith c	or wi	ithin 	the organization's tax y	ear.		(C)	
Name and business	address	NO	ONE	3				Description of s	ervices	Cor	mpensatio	n
							$\dashv$					
O Tabel properties de la constant de	malicalia - E			J 1 - 1					ava than			
2 Total number of independent contractors (in \$100,000 of compensation from the organical contractors).		ot IIr	nited	101		se lis )	sted	above) who received me	ore than			
φτου,σου οι compensation from the organi	Zalioi i					_					orm 990	(0004)

		Check if Schedule O contains a response of	or note to any lin	a in this Part VIII			
		Official in Schedule O contains a response t	of flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
2 E	С						
ifts		Related organizations 1d					
Ω is		Government grants (contributions) 1e					
Sin							
atio	T	All other contributions, gifts, grants, and	246 927				
ĕ₩			246,837.				
gg	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ဗ ဗ</u>	h	Total. Add lines 1a-1f	<b></b>	246,837.			
			<b>Business Code</b>				
ø	2 a						
Program Service Revenue	b						
je, ue							
n S	C						
g Se	d						
90	е						
ਕੋ	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		108.			108.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	-		Y		
	3	(i) Real	(ii) Personal		_		
	_		(ii) i cisoriai				
	6 a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) O er				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø)	D						
Revenue		and sales expenses 7b  Gain or (loss) 7c					
š		. ,					
		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	ъa	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\dashv$	U	THE INCOME OF GOSS/ HOTH SAIRS OF HIVEHLOTY	Business Code				
တ္ခ			Pusifiess Code				
e eo	11 a						
Miscellaneous Revenue	b						
e Sel	С						
Mis H	d	All other revenue					
_	е	Total. Add lines 11a-11d					
		Total revenue See instructions		246 945	0.	٥.	108.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 455 455. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,908. 2,908. 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 250,000. 250,000. Contribution Expense Other Expenses 24,586. 24,586. 679. 679. Purchased Services С d All other expenses 278,628. 278,173. 455. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or no	ote to	any			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			589,063		555,741.
	2	Savings and temporary cash investments				2	44,556.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	5,022.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantia	al co	or, or 35%		
		controlled entity or family member of any of the	ese pe	erso		5	
	6	Loans and other receivables from other disqua	alified p	pers	defined		
		under section 4958(f)(1)), and persons describe	ed in s	secti	B(c)(3)(B)	6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		-			
	b					10c	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	COF 210
	16	Total assets. Add lines 1 through 15 (must eq					605,319.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	+
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, sub		4	or, 3504		
bilit		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	-				
		of Schedule D		,		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, ch	neck h	ere			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			637,002	27	605,319.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
Ŀ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i	incom	e, o		31	
Net	32	Total net assets or fund balances			637,002		
	33	Total liabilities and net assets/fund balances				33	605,319.

Pai	rt XI │ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	6,9	<u>45.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	8,6	<u> 28.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63	7,0	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	60	5,3	19.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent account?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated a sepa ate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the ear were au ted on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that a sum s responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an depen en countant?		2c	X	
	If the organization changed either its oversight process or selection pr e s during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to u go an dit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or a dits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps tak to indergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public

Inspection

**Employer identification number** Name of the organization Core Knowledge Charter School Foundation 84-1354344 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in junction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, d state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support fro cont butions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no re than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from usinesses quired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. e section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 50 (a)(1) s tion 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organ a on and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised ntrolle y its supported organization(s), typically by giving the supported organization(s) the power to regularly a point or ect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections and B. Type II. A supporting organization supervised or controlle in a nnection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Foundation Schedule A (Form 990) 2021

Pá	Support Schedule for	-		-			
	(Complete only if you checked fails to qualify under the tests			-	n failed to qualify u	inder Part III. If the	organization
Se	ction A. Public Support	notou bolow, ploud	oc complete r arri	,			
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2311	(2) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotal
_	membership fees received. (Do not						
	include any "unusual grants.")	107,049.	234,967.	304,031.	407,425.	246,837.	1300309.
2	Tax revenues levied for the organ-		•	•		,	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	107,049.	234,967.	304,031.	407,425.	246,837.	1300309.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1300309.
	ction B. Total Support					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	107,049.	234,967.	304,031.	407,425.	246,837.	1300309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	220	11.	1 272	2 205	100	2 017
	and income from similar sources	230.	11.	1,273.	2,295.	108.	3,917.
9	Net income from unrelated business						
	activities, whether or not the			·			
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	15,383.	11,925.	10,035.	12,948.		50 201
44	assets (Explain in Part VI.)	13,303.	11,945.	10,033.	12,940.		50,291. 1354517.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructio	une)			12	1334317.
	First 5 years. If the Form 990 is for the		ret eccord third t	fourth or fifth tax i	voar as a soction 5	01(0)(3)	
13	organization, check this box and stop	J		,		( /( /	▶□
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		14	96.00 %
	Public support percentage from 2020					15	89.39 %
	a 33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						► V
ŀ	o 33 1/3% support test - 2020. If the o		-				
	and <b>stop here.</b> The organization qual						
178	a 10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
ŀ	o 10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	low, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_	· · · · · ·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						<u> </u>
			# N D	4 ) 22 / 2	( )) 0000	1 ,,,,,,,	<u> </u>
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	(b) 2	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section (	501(c)(3) organization	on,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Public	Support Per	centage				
15	Public support percentage for 2021 (lir	ne 8, column (f), d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	ment Income	e Percentage				
17	Investment income percentage for 202	<b>21</b> (line 10c, colur	mn (f), divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and						<b>▶</b> □
b	33 1/3% support tests - 2020. If the	-	-	•			
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure su use.
- 4a Was any supported organization not organized in the United States ("foreign supported org tion")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such ntro and discretion despite being controlled or supervised by or in connection with its supported organizatio
- c Did the organization support any foreign supported organization that does not ve an IRS termination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what c trols h ganization used to ensure that all support to the foreign supported organization was used exclusive or section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organ ations du g the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Par VI including (i) the names and EIN numbers of the supported organizations added, substituted, or d; (ii) e reasons for each such action; (iii) the authority under the organization's organizing documen authorizi such action; and (iv) how the action was accomplished (such as by amendment to the organizing cument)
- **b** Type I or Type II only. Was any added or substituted supported ga zation part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1		
		Yes	No
	1		
	2		
	3a		
	٥L		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	ΛL		
	9b		
	9с		
	10a		
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a mority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describ in Pa VI how control			
	or management of the supporting organization was vested in the same persons that cont led or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion 217th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by he l t day the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount o sup ort provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notifician, to extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees ther (i) ap ointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supp ted orga zation? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relati h with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L.	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	ULICS SUDDULTED UTUALIZATIONS: IT "YES " DESCRIBE IN <b>Fait VI</b> THE ROLE HISVER BY THE ORGANIZATION IN THIS REPORT	่งเม		1

## Core Knowledge Charter School

Schedule A (Form 990) 2021 Foundation

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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1		
d	Total (add lines 1a, 1b, and 1c)	d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets			
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater am un			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

T V   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
ion D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exer	npt purposes		1	
Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
organizations, in excess of income from activity			2	
•	s of supported organizations	3	3	
	- 11 - 3		4	
· · · · · · · · · · · · · · · · · · ·	ovide details in Part VI)		5	
· · · · · · · · · · · · · · · · · · ·	ovide details in a size a sy			
,				
	e organization is responsive			
5			8	
•				
·				
Eine o amount arriada by ine o amount	(i)	(ii)		(iii)
ion E - Distribution Allocations (see instructions)	Excess Distributions		ıs	Distributable Amount for 2021
Distributable amount for 2021 from Section C, line 6				
Underdistributions, if any, for years prior to 2021 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2021				
From 2016				
From 2017				
From 2018				
From 2019				
From 2020				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2021 distributable amount				
Carryover from 2016 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2021 from Section D,				
line 7: \$				
Applied to underdistributions of prior years				
Applied to 2021 distributable amount				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to 2021, if				
, , ,				
•				
<u> </u>				
· 1				
Excess from 2021				
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2021 from Section C, line 6.  Line 8 amount divided by line 9 amount  Identification of the cause required - explain in Part VI). See instructions.  Distributable amount for 2021 from Section C, line 6.  Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2021  From 2016  From 2017  From 2018  From 2019  From 2020  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to 2021 distributable amount  Carryover from 2016 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2021 from Section D, line 7:  \$  Applied to 2021 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions of prior years  Applied to 2021 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3j and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess from 2019  Excess from 2020	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Cualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (prior IRS approval required - provide details in Part VI) Other distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 4. Remaining underdistributions of prior years Applied to 2021 distributable amount Remaining underdistributions for evers prior to 2021, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for evers prior to 2021, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for evers prior to 2021, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions of prior years Applied to 2021 distributable amount  Excess from 2016 to 1.  Part VI. See instructions.  Excess from 2017 Excess from 2019 Excess fro	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable is in Part VI). See instructions.  In the seminant of the part of the seminant or 2021 from Section C, line 6.  Line 8 amount divided by line 9 amount  (i) Excess Distributions  Excess Distributions  In the seminant or 2021 from Section C, line 6.  Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2020  Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of years prior to 2021, if any, Subtract lines 3g and 4a from line 4.  Remaining underdistributions for years prior to 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess from 2018 Excess from 2020	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt sees paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Charlified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Cher distributions (describe in Part VI). See instructions. 6 Cher distributions (describe in Part VI). See instructions to which the organization is responsive (provide details in Part VI). See instructions to which the organization is responsive (provide details in Part VI). See instructions  Bistributable amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 from Section C, line 6 Charlified amount for 2021 distributations of prior years Applied to underdistributions for years prior to 2021, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2021 from Section C, line 3 and 4c. Breakdown of line 7: Excess fro

Schedule A (Form 990) 2021

# Core Knowledge Charter School

84-135<u>4344 Page 8</u> Foundation Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

132028 01-04-22 Schedule A (Form 990) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Core Knowledge Charter School

Foundation

Employer identification number

84-1354344

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
Form 990 or 990-EZ  X 501(c)( 3 ) (enter number) organization  4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  527 political organization  501(c)(3) exempt private foundation  4947(a)(1) nonexempt charitable trust treated as a private found ion  501(c)(3) taxable private foundation  Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the neral Rule d a Special Rule. See instructions.  General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that receiv d, duri g year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See ins inors for determining a contributor's total contributions.	
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private found ion
	501(c)(3) taxable private foundation
Check if your organization	n is covered by the General Rule or a Special Rule.
•	
General Rule	
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during year, contributions totaling \$5,000 or more (in money or
property) from ar	ny one contributor. Complete Parts I and II. See ins ions for determining a contributor's total contributions.
Special Rules	
X For an organizati	ion described in section 501(c)(3) filing Form 0 o 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1	I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
or (II) Form 990-E	±∠, line 1. Complete Parts I and II.
For an organizati	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
*	
literary, or educa	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
"N/A" in column	(b) instead of the contributor name and address), II, and III.
For an organizati	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-FZ that received from any one contributor, during the
is checked, ente	r here the total contributions that were received during the year for an exclusively religious, charitable, etc.,
	, and the second se
religious, charita	ble, etc., contributions totaling \$5,000 or more during the year \> \bigsim \bi
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b>
	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify
that it doesn't meet the fil	ing requirements of Schedule B (Form 990)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Core Knowledge Charter School
Foundation

Employer identification number

84-1354344

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) tal contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Core Knowledge Charter School

Foundation

Employer identification number

84-1354344

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) tal contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Core Knowledge Charter School

Foundation

Employer identification number

84-1354344

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** Core Knowledge Charter School Foundation 84-1354344 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer o gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

Core Knowledge Charter School Foundation

**Employer identification number** 84-1354344

Form 990, Part VI, Section B, line 11b:
The Form 990 Is prepared by the organizations's Independent accounting firm
based on information provided by managment. No review by the board occurs
before filing.
Form 990, Part VI, Section C, Line 19:
No documents are available to the public.
Form 990, Part VI, Section C, Line 19
The process for overseeing and selecting an independent accountant has
not changed from the prior year.
Form 990, Part VI, Section A, Line 1:
The Board of Directors, By resolution adopted by a majority of the
number of directors elected and qualified at the time of the
resolution, may designate two or more directors to constitute an
executive commitee, which shall have and may exercise all of the
authority of the board of directors or such lesser authority as may be
set forth in said resolution. No such delegation of authority shall
operate to relive the board of directors or any member of the board
from any responsibility imposed by law.

#### SCHEDULE R (Form 990)

Part I

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

(f)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

► Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

(c)

(d)

(e)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year	assets	Direct c	ontrolling tity	I
		2						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organi n a	ans ered "Yes" on Form 990	, Part IV, line 34, k	pecause it had one	or more rela	ated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) ontrolling atity	Section 5	olled ity?
Liberty Common School - 84-1404585				(-)(-)			Yes	No
1725 Sharp Point Drive Fort Collins, CO 80525	School	Colorado	501(c)(3)	Line 2				X

		0 1 1 1611 1 1 1 1	"' " " " " " " " " " " " " " " " " " "	D 1 11 / 11 O 4		
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV, line 34,	because it had one	or more related
	organizations treated as a partnership during the tax year.		•	,		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	artianata	Code V-UBI	Genera	I or Dercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Comp e if the o anization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal micile (st or eign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sector Se	tion b)(13) rolled tity?
		country)						Yes	No
	-								
	-								
	-								
	-								
	-								
	-								
	-								
	-								
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С					1c		X	
d					1d		X	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)			<b>\</b>	1k		X	
-1	Performance of services or membership or fundraising solicitations for related organ						X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		X	
	Reimbursement paid to related organization(s) for expenses						X	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)	\			1r		X	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount i	nvolved			
	Hamo of Foldiod of gamzation	type (a-s)	Amount involved	Wethou of determining amount	IVOIVCU			
1)	Liberty Common School	В	250,000.	Cash				
2)								
3)								
4)								
5)								
6)								
3216	3 11-17-21			Schedul	∍ R (Forr	n 990	) 2021	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(	j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		(e) Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Disprop tionat allocatio	or- e ns?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or   aging ner?	Percentage ownership
		country)	Sections 512-514)	Yes No	lilicome	a55015	Yes I	No.	(FOITH 1065)	Yes	No	
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# Core Knowledge Charter School Foundation

	Core knowledge Charter School		
Schedule R	(Form 990) 2021 Foundation	84-1354344 Pa	age <b>5</b>
Part VII	(Form 990) 2021 Foundation Supplemental Information	·	
	Provide additional information for responses to questions on Schedule R. See instructions.		